

Nixon Peabody LLP

Attorneys at Law

Suite 900
401 9th Street, N.W.
Washington, D.C. 20004-2128
(202) 585-8000

Fax: (202) 585-8080

PRIVILEGE AND CONFIDENTIALITY NOTICE

The information in this fax is intended for the named recipients only. It contains privileged and confidential matter. If you have received this fax in error, please notify us immediately by a collect telephone call to (202) 585-8000 and return the original to the sender by mail. We will reimburse you for postage. Do not disclose the contents to anyone. Thank you.

FAX

To:	Company	Fax #:	Telephone #:
1) Technology Center (1647)	USPTO	703-872-9306	

INTERNATIONAL PHONE NUMBERS MUST INCLUDE COUNTRY & CITY CODE. SEE LOCAL WHITE PAGES FOR CODES NEEDED.

From: Raymond Van Dyke	Date: February 15, 2005	No. of Pages: 16 (including this page)	Client/Att: 031896-066100 (AHP98126 1C1)
------------------------	-------------------------	---	---

Comments:

Re: U.S. Patent App. No. 09/774,936

Filed: January 31, 2001

Inventor(s): Bradley A. Ozenberger *et al.*Title: β -amyloid Peptide Binding Proteins and Polynucleotides Encoding the SameAttached please find:

Transmittal Sheet

Fee Transmittal Sheet

Petition for Extension of Time

Amendment and Reply Under 37 CFR § 1.111

Declaration Concerning Deposits Under the Budapest Treaty

CERTIFICATE OF TRANSMISSION

I hereby certify that this correspondence is being facsimile transmitted to the United States Patent and Trademark Office: Fax No. (703) 872-9306 on February 15, 2005.



Signature

Shoshone Abdulkariem

Printed Name

RECEIVED
CENTRAL FAX CENTER

FEB 15 2005

Original of the transmitted document will be sent by:
☐ First Class Mail ☐ Overnight Mail ☐ Hand Delivery ☐ This transmission will be the only form of delivery of this document

IF YOU DO NOT RECEIVE ALL OF THESE PAGES, PLEASE CONTACT THE FAX OPERATOR AS SOON AS POSSIBLE AT: (202) 585-8000. THANK YOU.

CONFIRMATION: DATE SENT _____ TIME _____ BY _____

INTERNATIONAL PHONE NUMBERS MUST INCLUDE COUNTRY & CITY CODE. SEE LOCAL WHITE PAGES FOR CODES NEEDED.

W636452.1

BEST AVAILABLE COPY

BEST AVAILABLE COPY

Please type a plus sign (+) inside this box → [+]

PTO/SB/21 (08-00)

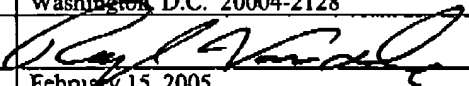
Approved for use through 10/31/2002. OMB 0651-0031

U.S. Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

TRANSMITTAL FORM <i>(to be used for all correspondence after initial filing)</i>		Application Number	09/774,936
		Filing Date	January 31, 2001
		First Named Inventor	Bradley A. OZEI BERGER et al.
		Group Art Unit	1647
		Examiner Name	Stephen Gucker
Total Number of Pages in This Submission	15	Attorney Docket Number	31896-066100 (HP98126 1C1)

ENCLOSURES (check all that apply)		
<input checked="" type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input checked="" type="checkbox"/> Amendment / Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input checked="" type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Response to Missing Parts/Incomplete Application <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Assignment Papers (for an Application) <input type="checkbox"/> Drawing(s) <input type="checkbox"/> Declaration and Power of Attorney <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s)	<input type="checkbox"/> After Allowance: Communication to Group <input checked="" type="checkbox"/> Other: 1. Declaration Concerning Deposits Under the Budapest Treaty
Remarks		<input checked="" type="checkbox"/> The Commissioner is hereby authorized to charge any additional fees required or credit any overpayments to Deposit Account No. 19-2380 for the above identified docket number.

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT	
Firm or Individual name	<u>Raymond Van Dyke (Reg. No. 34,746)</u> Nixon Peabody LLP 401 9 th Street, N.W. Suite 900 Washington, D.C. 20004-2128
Signature	
Date	February 15, 2005
CERTIFICATE OF MAILING OR TRANSMISSION [37 CFR 1.8(a)]	
I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to: Mail Stop Amendment, Commissioner for Patents, P.O. Box 1450, Alexandria, Virginia 22313-1450, or being facsimile transmitted to the USPTO at 703-872-6390, on February 15, 2005.	
Signature:	
Name:	Shoshone Abdulkariem

Burden Hour Statement: This form is estimated to take 0.2 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEE ID TO: Commissioner for Patents, Washington, DC 20231.

W636449.1

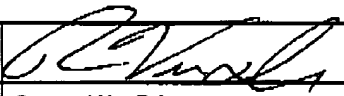
BEST AVAILABLE COPY

Effective on 12/08/2004. Fees pursuant to the Consolidated Appropriations Act, 2003 (H.R. 4818). FEE TRANSMITTAL FOR FY 2005		Complete if Known	
		Application Number	09/774,936
		Filing Date	January 31, 2001
		First Named Inventor	Bradley A. OZENBERGER et al.
<input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27		Examiner Name	Stephen Gucker
TOTAL AMOUNT OF PAYMENT	(\$ 120.00)	Art Unit	1647
		Attorney Docket No.	031896-66100 (AHP 98125 1C1)

METHOD OF PAYMENT (check all that apply)	
<input type="checkbox"/> Check <input type="checkbox"/> Credit Card <input type="checkbox"/> Money Order <input type="checkbox"/> None <input type="checkbox"/> Other (please identify): _____	
<input checked="" type="checkbox"/> Deposit Account Deposit Account Number: 19-2380 Deposit Account Name: NIXON PEABODY	
For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)	
<input checked="" type="checkbox"/> Charge fee(s) indicated below	<input type="checkbox"/> Charge fee(s) indicated below, except for the filing fee
<input checked="" type="checkbox"/> Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17	<input checked="" type="checkbox"/> Credit any overpayments

WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-20238.

FEE CALCULATION							
1. BASIC FILING, SEARCH AND EXAMINATION FEES							
	FILING FEES		SEARCH FEES		EXAMINATION FEES		
		Small Entity		Small Entity		Small Entity	
Application Type	Fee (\$)	Fee (\$)	Fee (\$)	Fee (\$)	Fee (\$)	Fee (\$)	Fees Paid (\$)
Utility	300	150	500	250	200	100	
Design	200	100	100	50	130	65	
Plant	200	100	300	150	160	80	
Reissue	300	150	500	250	600	300	
Provisional	200	100	0	0	0	0	
2. EXCESS CLAIM FEES							
Fee Description						Fee (\$)	Small Entity Fee (\$)
Each claim over 20 or, for Reissues, each claim over 20 and more than in the original patent						50	25
Each independent claim over 3 or, for Reissues, each independent claim more than in the original patent						200	100
Multiple document claims						360	180
Total Claims	Extra Claims	Fee (\$)	Fee Paid (\$)	Multiple Dependent Claims	Fee (\$)	Fee Paid (\$)	
- 20 or HP =	x						
HP = highest number of total claims paid for, if greater than 20							
Indep. Claims	Extra Claims	Fee (\$)	Fee Paid (\$)				
- 3 or HP =	x						
HP = highest number of independent claims paid for, if greater than 3							
3. APPLICATION SIZE FEE							
If the specification and drawings exceed 100 sheets of paper, the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).							
Total Sheets	Extra Sheets	Number of each additional 50 or fraction thereof	Fee (\$)	Fee Paid (\$)			
- 100 =	/ 50 =	(round up to a whole number)	x				
4. OTHER FEE(S)							
Non-English Specification, \$130 fee (no small entity discount)						Fees Paid (\$)	
Other: <u>Petition For Extension of Time Fee (1 month)</u>						120.00	

SUBMITTED BY			
Signature		Registration No. 34,746 (Attorney/Agent)	Telephone 202-35-8000
Name (Print/Type)	Raymond Van Dyke	Date	February 15, 2005

SEND TO: Commissioner for Patents
P.O. Box 1450

BEST AVAILABLE COPY Docket No. 31896-066100 (AIP98126 1C1)
Patent**IN THE UNITED STATES PATENT AND TRADEMARK OFFICE**In re application of: Bradley A. Ozenberger *et al.*

Application No.: 09/774,936

Art Unit: 1647

Filed: 01/31/2001

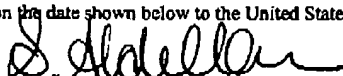
Examiner: Stephen Gucker

For: β -amyloid Peptide Binding Proteins
and Polynucleotides Encoding The Same

Customer No.: 22204

RECEIVED
CENTRAL FAX CENTER**FEB 15 2005****Commissioner for Patents**
P.O. Box 1450
Alexandria, VA 22313-1450**CERTIFICATE OF MAILING OR TRANSMISSION [37 CFR 1.8(a)]**

I hereby certify that this correspondence is being transmitted by facsimile on the date shown below to the United States Patent and Trademark Office at (703) 872-9306.

2/15/05
Date
Shoshone Abdulkariem**AMENDMENT AND REPLY UNDER 37 C.F.R. §1.111**

In response to the October 20, 2004 Office Action, please amend the above-identified application as follows:

Amendments to the Claims are reflected in the listing of claims which begins on page 2 of this paper.

Remarks begin on page 6 of this paper.

First Page of Response of Office Action / Letter--page 1 of 11